



Arizona State
Board of Cosmetology

Sue Sansom, Executive Director

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LAW/IFP SIGN UP

Personal information:

Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Personal License #: (8 Digits)	
	Social Security #: (This is required)	
	Birthdate: / /	Phone #: ()

**** If your name has changed, please include documentation showing change such as marriage license, divorce decree, etc.**

Reason for taking class: (check one below)

Board Order:	General Interest:	License Reactivation:
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Sign me up for: (check what class(es) to attend)

If, you are reactivating an inactive license you must attend both classes

<input type="checkbox"/>	Please register me for the Infection Protection Class (FREE)
<input type="checkbox"/>	Please register me for the Law Review Class (Enclose \$25.00 money order or cashier's check)

REGISTRATION AND PAYMENT MUST BE RECEIVED IN OUR OFFICE AT
LEAST 10 DAYS **PRECEDING THE CLASS, YOU WILL BE SCHEDULED
BASED ON AVAILABILITY.** ALL FEES ARE NON- REFUNDABLE AND
MUST BE PAID BY MONEY ORDER.

CLASS DATES AVAILABLE: SELECT ONE

2008

NOV 24 DEC 15

2009

JAN 12	FEB 23
MAR 23	APRIL 20
MAY 18	JUNE 22
JULY 20	AUG 17
SEPT 21	OCT 19
NOV 23	DEC 14

LICENSE REACTIVATION ONLY:

Law class fee: \$ _____

Delinquent fee(s) \$ _____

Total \$ _____

IMPORTANT INFORMATION:

- The Infection Protection class begins promptly at 9:00 A.M. and the Law Review class immediately following the Infection Protection class.
- Bring a valid picture ID, be on time, **DRIVE TO AND PART AT THE REAR OF BUILDING.**
- If you have a disability and require reasonable accommodations to participate in our services including receiving this information in an alternative format, contact the ADA Coordinator.